



**JUSTICE CABINET
DEPARTMENT OF
JUVENILE JUSTICE
POLICY AND PROCEDURES**

REFERENCES:
505 KAR 1:120
3-JTS-4C-38, 39
3-JDF-4C-36, 37
3-JCRF-4C-21, 22
1-JDTP-3B-06
1-JBC-4C-36, 37
NCCHC Y-B-01

CHAPTER: Health and Safety Services

**AUTHORITY: KRS 438.250;
KRS 15A. 065**

SUBJECT: HIV/AIDS/STD

POLICY NUMBER: DJJ 416

TOTAL PAGES: 4

EFFECTIVE DATE: 4/4/2014

APPROVAL: A. Hasan Davis

, COMMISSIONER

I. POLICY

The Department of Juvenile Justice (DJJ) shall not discriminate against youth with Human Immunodeficiency Virus, Acquired Immunodeficiency Syndrome, or Sexually Transmitted Diseases HIV/AIDS/STDs requiring medical services. The Department shall continue services, custody and treatment of youth with these illnesses who are determined to be eligible to participate in programs while preserving the safety and wellbeing of all.

II. APPLICABILITY

This policy shall apply to all DJJ and shall govern the policy of contract programs and agencies in regards to services, custody and treatment of youth with these illnesses.

III. DEFINITIONS

Refer to DJJPP 400.

IV. PROCEDURES

- A. Staff in community offices shall receive information concerning HIV/AIDS/STDs and exposure control plans, implement universal precautions and comply with confidentiality requirements in accordance with this policy. On suspicion of a problem, staff in community offices shall contact parents or guardians and assist in referrals to appropriate community resources.
- B. Staff in day treatment programs shall receive information concerning HIV/AIDS/STDs and exposure control plans, implement universal precautions and comply with confidentiality requirements in accordance with this policy. Youth in day treatment programs shall be screened for a history of STDs, previous high-risk behaviors, and current symptoms of STDs. Age-appropriate education for the prevention of STD and bloodborne diseases shall be provided to youth and

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- specialized counseling shall be provided to those youth exhibiting a need. On suspicion of a problem, staff in day treatment programs shall contact parents or guardians and assist in referrals to appropriate community resources. A medical, psychological and social support plan for the care, treatment, and referral of youth testing positive for STD and bloodborne diseases shall be written by the youth's counselor who shall make referrals for the implementation.
- C. Staff in DJJ operated or contracted detention centers, youth development centers, and group homes shall make available HIV/AIDS/STDs education, counseling, diagnosis, and treatment to all youth.
1. All staff shall receive information concerning HIV/AIDS/STDs and exposure control plans.
 2. Testing and detection of HIV/AIDS/STDs shall be available for all youth as well as pre- and post-testing counseling by the facility nurse or other appropriately trained staff member. All youth shall be screened for a history of STDs, previous high-risk behaviors, and current symptoms of STDs. This information shall be recorded on the youth's Medical History and Physical Examination Form. All youth shall have a physical examination within seven (7) days of admission and sexually active females shall have a complete gynecological examination with RPR, gonorrhea and chlamydia tests as part of this examination. Youth may receive HIV testing upon request following pre-test counseling (if risk factors are identified during the counseling). DJJ youth shall sign an HIV testing request form.
 3. A medical, psychological and social support plan for the care, treatment, and referral of youth testing positive for HIV/AIDS/STDs shall be written and carried out by the facility Registered nurse or designee.
- D. Staff shall adhere to the principle of confidentiality in matters relating to the disclosure of HIV/AIDS/STDs information involving a youth. When clinical/therapeutic needs exist which dictate the disclosure of a youth's health status, such disclosures shall be made only to those with a need to know. The results of the testing shall be made available to the youth and to the staff member(s) involved per KRS 438.250.
- E. If a youth has been diagnosed with the HIV/AIDS/STDs, the following factors may assist in determining whether to continue placement in a facility: the ability of the youth to manage aggressive or sexual behaviors; the maturity and ability of other youth in the facility to protect themselves from infection, and to manage their own aggressive or sexual behaviors. These factors shall not in themselves preclude the youth's continuation in the program, but shall be considered in relationship to the program's structure and supervision capabilities.

V. MONITORING MECHANISM

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Monitoring shall be accomplished by the Medical Director or designee, the facility physician, and the facility charge nurse. The Quality Assurance Branch shall monitor this activity annually.